## **APPLICATION DATA SHEET**

## **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	BIOLOGICAL INFORMATION INSPECTION SYSTEM
Attorney Docket Number::	1015282-000070
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	

Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Satoshi
Middle Name::	
Family Name::	FUJITA
Name Suffix::	
City of Residence::	Nisshin-shi
State or Province of Residence::	Aichi-ken
Country of Residence::	Japan
Street of Mailing Address::	c/o AISIN SEIKI KABUSHIKI KAISHA, 1, Asahi-machi 2-chome
City of Mailing Address::	Kariya-shi
State or Province of Mailing Address::	Aichi-ken
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	448-8650

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Japan

Status::

**Full Capacity** 

Given Name::

Masayoshi

Middle Name::

Family Name::

**MOMIYAMA** 

Name Suffix::

City of Residence::

Handa-shi

State or Province of Residence::

Aichi-ken

Country of Residence::

Japan

Street of Mailing Address::

c/o AISIN SEIKI KABUSHIKI KAISHA, 1, Asahi-

machi 2-chome

City of Mailing Address::

Kariya-shi

State or Province of Mailing

Address::

Aichi-ken

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing

Address::

448-8650

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

## **Representative Information**

Representative Customer Number::

21839

**Domestic Priority Information** 

**Continuity Type::** Parent Application:: Parent Filing Application::

Date::

PCT/JP2004/017909 11/25/04 This Application National Stage of

**Foreign Priority Information** 

Country:: **Application Number::** Filing Date:: **Priority** Claimed:: 2003-397517 11/27/03 Yes

11/27/03 Yes Japan 2003-397518

2003-429591 12/25/03 Yes Japan

**Assignee Information** 

AISIN SEIKI KABUSHIKI KAISHA Assignee Name::

Street of Mailing Address:: 1, Asahi-machi 2-chome

City of Mailing Address:: Kariya-shi

Aichi-ken State or Province of Mailing

Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing 448-8650

Address::

Japan